

FOOD PREMISES INSPECTION FORM

Name of Premises: SCOOP N CONES
 Operator: Eric Bayard Dr Saint John
 Address: 61 Bayard Dr Saint John

License #: _____ Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New License Complaint CD Follow-up Inspection
 Water Supply: Private Municipal



Item No.	N.O.	S	U	Item No.	N.O.	S	U	Item No.	N.O.	S	U	Item No.	N.O.	S	U
1.0	FOOD			3.3				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1				3.4				7.1				10.3			
1.2				3.5				7.2				11.0			
1.3				3.6				7.3				11.1			
2.0	FOOD STORAGE			4.0				7.4				11.2			
2.1				4.1				7.5				11.3			
2.2				4.2				8.0	CLEANING AND SANITIZING			12.0			
2.3				4.3				8.1				12.1			
2.4				4.4				8.2				12.2			
2.5				4.5				9.0	SANITARY FACILITIES			13.0			
2.6				4.6				9.1				13.1			
2.7				4.7				9.2				13.2			
3.0	FOOD PREPARATION AND HANDLING			5.0				10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1				5.1				10.1							
3.2				5.2											

Remarks: SCOOP N CONES WAS INSPECTED AND IT IS RECOMMENDED FOR LICENSING

Item No. MI MA GR

Date of Inspection: June 24 2021

Re-inspection Required: Yes No

If Yes, Date: _____

Date for Correction: _____